Application Form for CRI (A) Class or Type Extension (Except HPAC)

Ref. of Payment

APPLICANT			
First Name	Last Name	Date of Birth	Place of Birth
Nationality	Personal Address		City, Country
Telephone	E-mail		
Type of Licence	Licence Number		Valid Until

Invoice and certificate to be sent to ☐ company ☐ applicant

CRI(A) application for aircraft type / class: _____

Recapitulation of conditions and flying experience

a) Type of License ☐ PPL ☐ CPL ☐ ATPL

b) Medical ☐ class1 ☐ class2 valid until: _____

c) CRI(A) ☐ SE ☐ ME valid until: _____

d) Total flight experience as instructor hours: _____

e) Within the last 12 months a minimum 15 hours total time as PIC on the applicable class or type hours: _____

f) Within the last 12 months, one training flight from the instructor seat under supervision of a CRI or FI qualified for that class or type occupying the other pilot's seat date: _____

Supervising instructor First Name and Last Name: _____

Licence number and signature of supervising instructor: _____

Passed an assessment of competence as CRI(A) – **compulsory for first certificate sea only** date: _____

g) **Additional requirements to conduct flight instruction on multi-engine aeroplanes:**

At least 500 hours flight time on aeroplanes hours: _____

Completed 30 hours as pilot in command on the applicable type/class: _____ hours: _____

Completed an approved course at an ATO, including : date :_____

10 hours of technical training	hours: _____
At least 5 hours flight instruction on multi engine aeroplane or FSTD	hours: _____
Including at least 3 hours on multi engine aeroplane	hours _____
Enclose copy of course confirmation	☐

h) **To conduct flight instruction in multi-pilot operations (excl. HPA complex airplanes)**

hold or have held a TRI certificate for multi-pilot aeroplanes	valid until: _____
or have completed all of the following:	
1. at least 500 hours as pilots in multi-pilot operations on aeroplanes	hours: _____
2. the training course for an MCCI in accordance with point FCL.930.MCCI	date : _____
Copies of logbook showing the required flight experience must be attached to this form	☐

Data confirmed by ATO

ATO Name: _____ Registration No.: _____

Name of Head of Training: _____ Licence No.: _____

Location & Date: _____ Signature of Head of Training: _____

By signing this form, I declare:

- I know the relevant parts of the operational requirements and the TCAR PEL Part FCL regulation
- I have never possessed any personnel licence, certificate, rating, authorisation, or attestation with the same scope and in the same category which was revoked or suspended.
- that the information provided are correct. I am aware of the consequences of providing false information, such as being denied a license, certificate, rating, authorisation, or having it revoked or cancelled.

Name: _____

Date and Place of Signature: _____

Signature: _____

For CAAT use ONLY

Name of Examiner_____ Signature _____ Date: _____

Completed an Assessment of Competence as

CRI(A) ME _____Date: _____

CRI(A) SE_____Date: _____

☐ **Enclose Examination Form** _____